PTO/SB/06 (12-04)
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to a collection of information unless it displaces a sufficient of the control of the tion of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875											
APPLICATION AS FILED -				- PART I			SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR		NUMBER	FILED	NUMBER	EXTRA	RATE (FEE (\$)	1	RATE (\$)	FEE (\$)
BASIC FEE (37 CFR 1.16(a), (b), or (c))							_		1		
SEARCH FEE (37 CFR 1.16(k), (i), or (mi)						·	_		1		
EXAMINATION FEE. (37 CFR 1.18(0), (p), or (q))							_		1		
TOTAL CLAIMS (37 CFR 1.16(i))			minus 20			×	-		OR	X =	
INDEPENDENT CLAIMS (37 CFR 1.16(h))			minus 3			×	-	,		x =	
APPLI FEE (37 CF	CATION SIZE	sheets of p is \$250 (\$1 additional : 35 U.S.C.	aper, the 125 for sn 50 sheets 41(a)(1)(nd drawings ex application siz- nall entity) for e or fraction the G) and 37 CFR	e tee oue ach reof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(J))											
If the difference in column 1 is less than zero, enter "0" in column 2.							iL		j	TOTAL	L
APPLICATION AS AMENDED - PART II 5-2-06 (Column 1) (Column 2) (Column 3):						SM	IÀLL I	ENTITY	OR 1	SMALL	R THAN ENTITY
AMENDMENT	•	CLAIMS REMAINING AFTER MENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	(3)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)
	Total cpr cfR 1,160)	18	Minus	"20	رتر	×	-		OR	x =	1
Ş	Independent (37 CFR 1.16(h))	3	Minus	3	#	×	-		OR	x =	
AME	Application Size Fee (37 CFR 1.16(s))								OR		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(1))					TOTAL		 	OR	TOTAL ADD'L FEE	1.	
						ADDL	FEE	L		AUULFEE	
<u></u>		(Column 1) CLAIMS		(Column 2)	(Cotumn 3)	٦			7	D.75 (f)	AODI-
		REMAINING AFTER AMENDMENT	.	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATI	E (\$)	ADDI- TIONAL FEE (\$)	4	RATE (\$)	TIONAL FEE (\$)
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AMENDMENT	Independent (37 CFR 1,16(N))	1	Minus	3	=		=	 _/_	OR	x /	•
						┧├──	<u> </u>	1/	- _{0R}	-/-	1.
-	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160)					TOTA		\\ \bullet \(\bullet \)		TOTAL	
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*** If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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